

***Parents will apply for the ASP when completing online registration. If their child is approved, the parent will receive an email with a link to complete the after school enrollment form. If more than one child in a household is approved, the parent/guardian must complete a separate enrollment form for each student.**

**AFTER SCHOOL PROGRAM APPLICATION
2021-2022 School Year**

PERSONAL

CHILD'S NAME: _____ M/F _____ DOB: _____ Grade _____ Teacher _____
FIRST LAST

MOTHER/GUARDIAN: _____ CELL/PHONE: _____

ADDRESS: _____ CITY: _____ ZIP _____

EMAIL ADDRESS _____

MOTHER/GUARDIAN EMPLOYMENT _____ EMPLOYMENT PHONE: _____

FATHER/GUARDIAN: _____ CELL/PHONE: _____

ADDRESS: _____ CITY: _____ ZIP _____

EMAIL ADDRESS _____

FATHER/GUARDIAN EMPLOYMENT _____ EMPLOYMENT PHONE: _____

MEDICAL

I HEREBY AUTHORIZE THE AFTER SCHOOL CHILD CARE DIRECTOR TO OBTAIN EMERGENCY MEDICAL/DENTAL CARE FOR MY CHILD AND TO RELEASE MY CHILD TO ANY OF THE PERSONS INDICATED AS AUTHORIZED FOR PICK-UP PERSONS.

FAMILY PHYSICIAN: _____ N/A _____ PHONE: _____

FAMILY DENTIST: _____ N/A _____ PHONE: _____

PREFERRED HOSPITAL: _____

MEDICAL ALERT:

Allergies _____ Medicine _____ Illness _____ Other _____

EMERGENCY CONTACT AND AUTHORIZED PICK UP

THE FOLLOWING AUTHORIZED PERSONS ARE THE ONLY ONES PERMITTED TO PICK UP MY CHILD FROM THE AFTER SCHOOL PROGRAM. PHOTO ID WILL BE REQUIRED

1: _____
(Name) (Phone)

2: _____
(Name) (Phone)

3: _____
(Name) (Phone)

4: _____
(Name) (Phone)

5: _____
(Name) (Phone)

6: _____
(Name) (Phone)

By signing this application, I agree that any fees for the after-school program will be paid on a timely basis and that my child will be picked up by an authorized person no later than 5:30 p.m. **After 5:30 p.m., a fee of \$1 per minute, per child, will be added to the regular rate.** Late pick-ups during the year will result in dismissal of your child from the program.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____